

Revision: HCFA-PM-91- 4 (BPD)
AUGUST 1991

OMB No.: 0938-

State: Pennsylvania

SECTION 2 - COVERAGE AND ELIGIBILITY

Citation
42 CFR
435.10 and
Subpart J

2.1 Application, Determination of Eligibility and
Furnishing Medicaid

- (a) The Medicaid agency meets all requirements of
42 CFR Part 435, Subpart J for processing
applications, determining eligibility, and furnishing
Medicaid.

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Supersedes

TN No. 75-12

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Citation

42 CFR 2.1(b)(1) Except as provided in items 2.1(b)(2) and (3) below, individuals are entitled to Medicaid services under the plan during the three months preceding the month of application, if they were, or on application would have been, eligible. The effective date of prospective and eligibility is specified in ATTACHMENT 2.6-A.

435.914
1902(a)(34)
the Act

(2) For individuals who are eligible for Medicaid cost sharing expenses as qualified Medicare beneficiaries under section 1902(a)(10)(E)(i) of the Act, coverage is available for services furnished after the end of the month in which the individual is first determined to be a qualified Medicare beneficiary. ATTACHMENT 2.6-A specifies the requirements for determination of eligibility for this group.

1902(e)(8) and
1905(a) of the
Act

☒ (3) Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with section 1920 of the Act. ATTACHMENT 2.6-A specifies the requirements for determination of eligibility for this group.

42 CFR 2.1(c). The Medicaid agency elects to enter into a risk contract
434.20 with an HMO that is—

☒ Qualified under title XIII of the Public Health Service Act or is provisionally qualified as an HMO pursuant to section 1903(m)(3) of the Social Security Act.

☒ Not Federally qualified, but meets the requirements of 42 CFR 434.20(c) and is defined in ATTACHMENT 2.1-A.

☐ Not applicable.

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Citation

§ 902(a)(55)
of the Act
P.L. 101-508
Section 4602)

2.1(d)

The Medicaid agency has procedures to take applications, assist applicants, and perform initial processing of applications from those low income pregnant women, infants, and children under age 19, described in § 902(a)(10)(A)(i)(IV), (a)(10)(A)(i)(VI), (a)(10)(A)(i)(VII), and (a)(10)(A)(ii)(IX) at locations other than those used by the title IV-A program including FQHCs and disproportionate share hospitals. Such application forms do not include the AFDC form except as permitted by HCFA instructions.

Pennsylvania's process to provide outstationing is to accept applications from Federally Qualified Health Centers and disproportionate share hospitals on behalf of all applicants for MA benefits.

The application form to be used will be the State's Common Application Form.

No face-to-face interviews will be conducted for persons applying via the outstationing process.

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